#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 33 carefully. 1. PLACE OF DEATH: 2. USUAL RESIDENCE MHOME) OF DECEASED: legibly COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) . and OR (in this place) OR information TOWN TOWN HOSPITAL OR (If rural give location) STREET INSTITUTION OR clearl **ADDRESS** STREET ADDRESS (Middle (Last NAME OF DATE (Month) death DECEASED OF (Type or Print) DEATH COLOR OF SINGLE, MARRIED DATE ÖF BIRTH: 9. AGE last birthday IF UNDER RACE WIDOWED, DIVORCED (Specify) / gyrs. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: MOTHER'S MAIDEN NAME: 13. FATHER'S NAME 15. WAS DECEASED EVEN IN U.S. ARMED FORCES! (SOCIAL SECURITY NO. INFORMANT & ADDRESS: 17. (Yes. no. or unk.) (If Yes, give war or dates of service) ea MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH d IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION



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(IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while While OF INJURY at work at work 100 K 0 , 195/... to . 22. I hereby certify that I attended the deceased from 国

DATE THEREOF

22, 1955, that I last saw the deceased and that death occurred at 8. A. M, from the causes and on the date stated above.

NAME OF CEMETER OR CREMATORY

21c. WHERE DID (City or town)

INJURY OCCUR?

alive on SIGNATUR ADDRESS DATE SIGNED M. D

VAL ISPECIFY) FUNERAL-DIRECTOR

ADDRESS

(Day)

1 YEAR

Days

(Year)

190

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? NO T

(State)

(State)

Hours

COUNTRY?

(County)

PATE REC'D BY LOCAL

CREMATION,

21A. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

SIGNATURE

21B. PLACE (Home, farm, factory,

OF INJURY street, office bldg., etc.

LOCATION (City, lowby or county)



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7930

CERTIFICATE OF DEATH

350

OMITTIOATI	COT DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Worcester Maryland	STATE Maryland county Worcester
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town
OR and give nearest town) (in this place)	OR
A ReFeDe#CBOX	R. B. D. W. BOX
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
STREET ADDRESS Home	Pocomoke City, Maryland
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) ROSS Anders	OF
TIOD W	
PACE. WIDOWED DIVORCED	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
F. C. (Specify Married April	2.1893 62 yrs.
work done during most of working life OR INDUSTRY	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even House Wife Domestic	Maryland
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Levin Wilson	Susan Hargis
18. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	
NO	James Anderson , Pocomoke City, Md.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	WILLIAM BEIMEE
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A)	entre 9 malnutuling 19/20/54
DUE TO	1/23/54
ANTECEDENT CAUSE (S)	emia (Sea to) to
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	7,000
STATING UNDERLYING CAUSE LAST.	+ C 19/30/55
(C) Jac	tric ancer Lili
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	0.10-
DISEASE OR CONDITION CAUSING DEATH	ralized Unlercasclerone
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	YES NO D
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY While M. While at work at work	
22. I hereby certify that I attended the deceased from 9./	1954, to 7/304, 1953, that I last saw the deceased
alive on 1,55, and that death occurred at	M, from the causes and on the date stated above.
to 1. I to the	
	A.D. POCOMOKE City, Md.  ERY OR CREMATORY   LOCATION (City, town, or county) (State
REMOVAL (SPECIFY)	
Burial 8/3/55 Unionyill	e, Cem. Pocomoke City, Md.
DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE TO THE STATE OF	24. FUNERAL DIRECTOR ADDRESS
or the contract of the contrac	- with the state of the state o

correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

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Supply every item of information carefully.

10 - 53A15 -VS.

24. FUNERAL DIRECTOR

	. Th	7240 CERTIFIC.	ATE OF DEATH Reg. D	Dist. No. 355
	y	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEA	SED:
	carefully legibly.	COUNTY WORCESTER MARYLAND	mb w	ORCESTER
	cal	COUNTY WORLD MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF	STATE COUNTY (7)	
66		OR and give nearest town) TOWN GERLIN (in this plants)		X
IM	nformal	HOSPITAL OR INSTITUTION OR	STREET (If rural give locati	ion)
	foi	STREET ADDRESS	KFD LIBERTYIO	NUN
	of i	3. NAME OF (First) Middle) DECEASED: (Type or Print) STHOR BARBARA	SELOVICS 4. DATE (Month) OF DEATH: VVY	(Day) (Year)
	of it		DATE OF BIRTH: 9. AGE last birthday IT UNDER Months	R 1 YEAR IF UNDER 24 HRS.
5	every	OR INDUSTRY:		12. CITIZEN OF WHAT
Z		13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	USH
FOR BINDING	Supply te the c	Alexander Belivies	Barbara Hlink	9
~	. "	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY	No. 17. INFORMANT & ADDRESS:	0 1
10	INK se w	(Yes, no p unk.) (If Yes, give wayor dates of service)	missailia Belowes	Berlin, Mg
	G 1	18. MEDICAL CERT		INTERVAL BETWEEN
A P	DING: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
MARGIN RESERVED	UNFAD sicians:	331 AMMEDIATE CAUSE (A) CORE	aral Waseular aldeden	+ Zweeks
ĕ	UN	ANTECEDENT CAUSE (S)	1 1d	
7.	-	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	rown andleaurances	•
E5	ITH	STATING UNDERLYING CAUSE LAST.		
AR	nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
M	Y,	TO THE DEATH BUT NOT RELATED TO THE	Stant severe carthin	
	AINLY, importa	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPE		
	3	O ISS. MASON PINDINGS OF OFE	RATION	YES NO
I	E E	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, fail or contributing CAUSE OF DEATH OF INJURY street, office (if either, notify medical examiner)		ounty) (State)
1	'RIT	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCC		
-	D 00	OF INJURY M. While Not wi		
	ge i	22. I hereby certify that I attended the deceased from	Terre 25, 1955, to July 2,19 that I I	ast saw the deceased
60	E 88	13.1 = 55 p	red at M, from the causes and on the da	
10 - {	SE TYPE	SIGNATURE SIGNAT	ADDRESS	DATE SIGNED
1	SE	23 BURIAL, CREMATION, DATE THEREOF   NAME OF C	M. D. CEMETERY OR CREMATORY   Cocation (City, town)	or equity) (State)
2	4	REMOVAL (SPECIED)	12220 //201	he all

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JUL 11 1955

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MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY WORLESTER MARYLAND	STATE MIS COUNTY WOULD LE
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	Y CITYIIf outside corporate limits, write RURAL and give nearest town
OR and give nearest town) (in this place)	TOWN newark
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Deslie Parker (	Bowen DEATH: July 20 1955
5. SEX:   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE   WIDOWED, DIVORCED.	E OF BIRTH: 9. AGE iast birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
male white ordarried Oct	.10,1874 80 yrs. Mills
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
STORE TEEPER FRUIT STOR B	Newark mid U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Dry Parked Bringer	Suranah Andelutte
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS:
(Yes, no. or unk.) (If Yes, give war or dates 220-10-83	96 m. Lutin Brown newark Mid
18. MEDICAL CERTIFICA	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) . CON	doubling senit talled 7
DUE TO	The second second
ANTECEDENT CAUSE (8)	and Atom - admittie Pandrager sailles
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	A CONTINUE MOSTORILE MILLER MANAGEMENT
STATING UNDERLYING CAUSE LAST.	Docume
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO	ON
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory, 21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRE	ED   21F. HOW DID INJURY OCCUR?
OF INJURY While at work at work	
	26, 1955, to July 21., 1955, that I last saw the decease
	-118 // 4
	M, from the causes and on the date stated above.
SIGNATURE & COMMENT MARCH	ADDRESS DATE SIGNED
	M. D. MARTINE LOCATION (City, town, or county) (State
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	2 Means 20
Surial 1/32/55 Varden	y or community your alk the
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR
July 22.35 ( July 6. (0)	1 Johnson N. Milby Pule M

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-	1,00	-	CENTIFICATION			

Reg.	Dist.	No.	350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY WOrcester MARYLAND	state Maryland county Worcester
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)  Water Pocomoke City,  years	TOWN Pocomoke City, 42
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS 6 Bridge Street	ADDRESS
o bridge bereev	J DI LUBO DOLOGO
DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Margaret y Dr 5. SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE	of BIRTH: 9 AGE last birthday in unors a very
Female White Specify Married April	23, 1873 82 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even If retired): HOUSEWITE	Maryland USA 11. BIRTHPLACE (State or foreign country): 112. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry C. Long	Sarah Carey
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST   IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no or unk.) (If Yes, give war or dates None	Henry M. Dryden, Pocomoke, Maryland
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Culeria S	derate heart besease 3 yes.
ANTECEDENT CAUSE (8)	0 0 0 4
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DIE TO	pu l'escenden carlo 4 mi
STATING UNDERLYING CAUSE LAST. DUE TO	
(c) / relho	wary fullerapores / refr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
10	Kn. aliv G
22. I hereby certify that I attended the deceased from	J.C. 19, to 7/18, 19 3 9 that I last saw the deceased
alive on 1952 and that death occurred at	
SIGNATURE / el Menselma MID	TO ADDRESS DATE SIGNED 1665
	ERY OR CREMATORY   LOCATION (City, twh, or county) / (State)
REMOVAL (SPECIFY)	
Burial July 21,1955 Baptist	The state of the s
REGISTRAR OLI OF	24. FUNERAL DIRECTOR ADDRESS
July d. 1955 anne C. There	Henry H. Watson, Pocomoke, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

VS. A15-10-53

105 SE 1955

DBATTO

#### THE STATE OF STEEL OF THE STATE OF

7243	CERTIF	TICATE C	OF DEA	ATH	Reg. Dist	No. 355
1. PLACE OF DEATH:		1 2. 1	USUAL RESID	ENCE (HOME)	OF DECEASED:	
COUNTY Worces	ton			Maryland	2011	www. Wamaaat am
CITY (If outside corporate li	mits write RIRAL LENGT		STATE I	de corporate limit		NTY Worcester and give nearest town
TOWN and give nearest town)	(in t	his place)	OR TOWN			
NOSPITAL OR	Mest	OT TITE	STREET	Berli	rural give location	) /
INSTITUTION OR STREET ADDRESS			ADDRESS			
	Route # 3			Rot	ite # 3	
3. NAME OF (First) DECEASED: (Type or Print) Nancy	(Middle) Purnell	(Last	nond	4. DATE OF DEATH:	(Month) (Da	y) (Year) .0 19 55
5. SEX: S. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow	8. DATE OF BI	IRTII: -/873	9. AGE last bir		YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION Give	kind of   10b. KIND OF 1	BUSINESS OR   11.	BIRTHPLACE	State or forei	gn country): 12.	CITIZEN OF WHA
work done during most of wor even if retired):			all the rite for	rhantaralle	an. Mdrlin,	Md USA
I3. FATHER'S NAME:	WIIO AC.		IOTHER'S MAI		mark march 17 5 5 5 5	00%
Morris Va	tana			Sarah Hud	loon	
15 WAS DECEASED EVER IN U.S. ARM		RITY No.:   17. INFO	RMANT & AI		19011	
(Yes, no, or unk.) (If Yes, give was		Man	Mondonto	Famoman	Dowlin Ma	D4 4 7
No service)	None None	CERTIFICATION	Marjorie	roremant,	Berlin, Mo	L, Ru, TO
I. DISEASES OR CONDITIONS						Interval Betwee
4.4.3 X						Onset And Dea
Immediate cause	(a)	te pul		edena		
Antecedent causes (s)	DUE TO		1			726
Diseases or conditions, if ar		coture to	1	acus		2
stating the underlying cause	iast. DUE TO		Candra		In dean	surre
	(c) - Oy	unune		- 200	lar discu	4 years
11. OTHER SIGNIFICANT COND Conditions contributing to the	death but not	arterios	elevori			Sevenere
related to the disease or condi-						200 AUTOPSY
	31 Mile VI 2 Mile VI V	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,			Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, OF office bldg., et INJURY		(CITY OR TOW	/N) (	COUNTY)	STATE)
TIME (Month) (Day) (Year)	(Hour)   INJURY OCCU		W DID INJUR	Y OCCUR?		
OF INJURY		ot While				
22. I hereby certify that I a			54 to 7	7 - 9 19	55, that I last	saw the decease
alive on 7 - 9, 19		the on	-55 from		and on the date	
Strong U. of	elic fr. M.	2 Be-	lan V	he	_	13-55
	TE THEREOF   NAME	OF CEMETERY OF	RCREMATORY		(City, town, or c	
REMOVAL (Specify)	7-13-55 Ce	dar Chapel (			n Worcester	A CONTRACTOR OF THE PARTY OF TH
DATE REC'D BY LOCAL BE	GISTRAR'S SIGNATURE		UNERAL DIRE		324 8 00	ADDRESS to
PEGISTRAR 55	elen 't Januaro	rd. me	my a 5	Tourart	Salielur	" md

VS. A15

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## MARYLAND

7244

## CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECRASED-	
COUNTY Worces Les MARYLAND	State land court	mar los
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	ve nearest town)
OR give nearest town) (in this place)	OR TOWN Q	V
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR	ADDRESS A	
(1) STREET ADDRESS	RJ # 1	
3. NAME OF (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	Jarman DEATH July	21 1953
5. SEX   6. COLOR, OR RACE   7. SINGLE, MARGIED,	8. DATE OF BIRTH   9. AGE last birthday   If under	1 year  If under 24 hrs.
Jenale White WIDOWED, DIVORCED,	May 17, 1895 60 yrs. Months.	Days Hours Min.
10s. USUAL OCCUPATION, (Give kind of work 10b. KIND OF BUSINESS OR		COUNTY?
done-during most of working life, even if retired) JUDUSTRY	Phitadelphia a	COUNTRY? S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
William I. Dumamon	Virginia E. Smul	h.
15. WAS DECRASED EVER ON U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1 1
(Yes, no, or unknown) (Il year, give war or dates of service)	My Edward T bassiers	(V1000 CT. W
7 00   Bell viety	wara . poversio	a coron - gri
18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
15.7X (1000 m-61	1) Dancreus	6705
Immediate cause (a) Carenova	Janouas	0 1/0
Antecedent cause(s)  Diseases or conditions, if any, (b)	0	
giving rise to the above cause stating the underlying cause last (c).		***************************************
TOTAL TO THE CHARLES OF CONTROL OF THE TOTAL	meelitus	Byni
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from?	1953, to Leg 2 1 1955, that I last s	aw the deceased
	D // /	
alive on 21 July 19.55, and that death occurred at /?	from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS Con Control :	DATH SIGNED
Ol. N. Janua mo.	ore ower, mo	23 14730
23. BURIAL, CREMATION DATE NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	(State)
REMOVAL (Specify) 7/25/55	een Bulin.	me
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	ADDRESS
TEG 25-55 Stelen F. Nay ward	Anna A. Buston Be	elia Mil





1955 JUL 27 1955

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DATE REC'D BY LOCAL

CERTIFICATE OF DEATH Reg. Dist. No. 9 DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Worcester Worcester MARYLAND outside corporate limits, write RURAL| LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) give nearest town) (in this place) TOWN TOWN Pocomoke Pocomoke vears HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Rural Rural 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Dav) (Year) DECEASED LUKEHARD DEATH: July HARRY (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR RACE: WIDOWED, DIVORCED, Months Days Hours (Specify):Married 1887 White March 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY? even if retired):Laborer Concrete Work Virginia 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Eula Gleason James Lukehard 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates Yes, of service) WW I Lillian M. Lukehard, Pocomoke, Md. Yes 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH MMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF 20. AUTOPSY 21a. ACCIDENT WAS UNDERLYING [ 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work L 22. I hereby certify that I attended the deceased from 15 July , 1955, to l that I last saw the deceased , and that death occurred at 10 A.M. from the causes and on the date stated above, SIGNATURE CREMATION. MAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) Babtist Cementary Pocomoke City, Md.

24. FUNERAL DIRECTOR

Watson.

Pocomoke.

5561 37 700

DEALED

	STATE	DEPARTMENT	OF	HEALTH—BALTIMO	DRE,	18	11794	
7245	CEH	RTIFICATE	OF	DEATH	Reg.	Dist.	No. 3	5

Female White (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (Specify): Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (State) Or Individual Specify Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (State) Or Individual Specify Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (State) Or Individual Specify Widowed Bebruary 5, 1876 79 yrs. Months Days Hours Mi (State) Or Individual Specify Months Days Mon	ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
HOSPITAL OR STREET ADDRESS R.F.D. NO. 2    HOSPITAL OR STREET ADDRESS R.F.D. NO. 2   ADDRESS	gib	COUNTY Worcester MARYLAND	STATE Maryland COUNTY Worcester				
HOSPITAL OR STREET ADDRESS R.F.D. NO. 2    HOSPITAL OR STREET ADDRESS R.F.D. NO. 2   ADDRESS	le	CITY (If outside corporate limits write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)				
HOSPITAL OR STREET ADDRESS R.F.D. NO. 2    HOSPITAL OR STREET ADDRESS R.F.D. NO. 2   ADDRESS	nu	Town Rural Pocomoke 79 Years	I OR				
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Temate Witch Widowedi Bedruary 1, 10/05  10. USUAL OCCUPATION (Give kind of working life, even if retired) Housewife  11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH COUNTRY?  Maryland  13. FATHER'S NAME:  William Gibbons  15. Was Decrased Even in U.S. Ammed Forces?  (Yes, no. or unk.) (If Yes, give war or dates)  None  18. Medical Certification  Interval Between on Service)  19. Medical Certification  Interval Between on Service on S		RACE: WIDOWED, DIVORCED.	M-AL I D				
13. FATHER'S NAME:  William Gibbons  Is. Was deceased ever in U.S. Armed Forcest (Yes, no, or unk.) (If Yes, give war or dates None  18. Medical Certification  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE  ANTECEDENT CAUSE (S)  DUE TO  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  Lary Band Train And DEA Service)  14. MOTHER'S MAIDEN NAME:  Susan Ardis  17. INFORMANT & ADDRESS:  Annie Mae Phillips, Pocomoke, Md.  INTERVAL BETWE ONSET AND DEA  Sev. Well  Sev. Mand  Sev. Mand  Sev. Mand  Sev. Mand  To There significant conditions Contributing to The Disease or Condition Causing Death.  193. Date of operation: 198. Major Findings of Operation  200. Autopsy yes no be		Female   White   (Specify): Widowed Bebrus	ary 5, 1876 79 yrs.				
13. FATHER'S NAME:  William Gibbons  Is. Was deceased ever in U.S. Armed Forcest (Yes, no, or unk.) (If Yes, give war or dates None  18. Medical Certification  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE  ANTECEDENT CAUSE (S)  DUE TO  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  Lary Band Train And DEA Service)  14. MOTHER'S MAIDEN NAME:  Susan Ardis  17. INFORMANT & ADDRESS:  Annie Mae Phillips, Pocomoke, Md.  INTERVAL BETWE ONSET AND DEA  Sev. Well  Sev. Mand  Sev. Mand  Sev. Mand  Sev. Mand  To There significant conditions Contributing to The Disease or Condition Causing Death.  193. Date of operation: 198. Major Findings of Operation  200. Autopsy yes no be	1se	work done during most of working life OR INDUSTRY.	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT				
13. FATHER'S NAME:  William Gibbons  Is. Was deceased ever in U.S. Armed Forcest (Yes, no, or unk.) (If Yes, give war or dates None  18. Medical Certification  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE  ANTECEDENT CAUSE (S)  DUE TO  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  Lary Band Train And DEA Service)  14. MOTHER'S MAIDEN NAME:  Susan Ardis  17. INFORMANT & ADDRESS:  Annie Mae Phillips, Pocomoke, Md.  INTERVAL BETWE ONSET AND DEA  Sev. Well  Sev. Mand  Sev. Mand  Sev. Mand  Sev. Mand  To There significant conditions Contributing to The Disease or Condition Causing Death.  193. Date of operation: 198. Major Findings of Operation  200. Autopsy yes no be	car	even if retired)Housewife	Maryland USA				
William Gibbons  15. Was Decrased Ever in U.S. Armed Forces: (Yes, no, or unk.) (If Yes, give war or dates of service)  16. Social Security No.  17. Informant & Address: Annie Mae Phillips, Pocomoke, Md.  18. Medical Certification  I diseases or conditions directly leading to death  15. Medical Certification  I diseases or conditions directly leading to death  15. Medical Certification  Interval Between onset and death  Sev. Web.  Sev. Mond.  15. Medical Certification  Interval Between onset and death  Sev. Web.  Sev. Mond.  15. Medical Certification  Interval Between onset and death  Sev. Web.  Sev. Mond.  15. Medical Certification  Interval Between onset and death  Sev. Web.  Sev. Mond.  15. Medical Certification  Interval Between onset and death  Sev. Web.  Sev. Mond.  15. Medical Talling  Interval Between onset and death  Sev. Mond.  Sev. Mond.  15. Medical Talling  Interval Between onset and death  Sev. Mond.  Sev. Mond.  15. Medical Talling  Interval Between onset and death  Sev. Mond.  Sev. Mond.  15. Medical Talling  Interval Between onset and death  Sev. Mond.  Sev. Mond.  15. Medical Talling  Interval Between onset and death  Sev. Mond.  Sev. Mond.  15. Medical Talling  Interval Between onset and death  Sev. Mond.  Sev. Mond.  16. Social Security No.  Interval Between onset and death  Sev. Mond.  Interval Between onset and death onset and dea							
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YES NO I	tan						
YES NO I	OL	DISEASE OR CONDITION CAUSING DEATH.					
YES NO I	mp	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)			YES NO P				
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	1	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact					
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auve on the date stated above.							
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23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OF CREMATORY   LOCATION (City, town, or county) (Sta	cor	23 BURIAL CREMATION   DATE THERPOR   NAME OF CEMETE					
REMOVAL (SPECIFY)		REMOVAL (SPECIFY)					
Burial July 20,1955 Salem M.E. Cementhary Pocomoke, Maryland DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURES   1 24 FUNERAL DIRECTOR ADDRESS			L. Cementary Pocomoke, Maryland				
			Henry H. Watson. Pocomoke. Maryland				

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t	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
correct	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 350
e	1. PLACE OF DEATH! 2. USUAL RESIDENCE (HOME) OF DECEASED:	
DIY.	COUNTY COUNTY MARYLAND STATE COUNTY DAVE	ward
fully	CITY If outside corporate limits write RURAL LENGTH OF STAY OR and give nearest town (in this place) OR TOWN	8 X - 3
n-earefully. They and legibly.	HOSPITAL OR INSTITUTION OR INSTITUTION OR ADDRESS 724 % 4 2 30	0 0
f information death clearly	3. NAME OF DECEASED: (Middle) (Last) 4. DATE OF DECEASED: (Type or Print) DEATH DEATH	3 1955
infor	(Specify): W scenel 7 44 4 yrs.	Days Hours Min.
of o	10a. USUAL OCCUPATION (Give kind of work life, even if retired). 10b. KIND OF BUSINESS OR INDUSTRY;	OUNTRY?
BINDIN every iter ne causes	13. FATHER'S NAME: 2K.) (SK.) 14. MOTHER'S MAIDEN NAME:	
The the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: 4. (Yes, no, or unk.) (If Yes, give var or dates of service) 267-244 965	- del Ma
	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
K. K.	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
RESERVED NG INK. Su is: please wi	Immediate cause  (a)  DUE TO	
REING ING	Antecedent cause(s) Diseases or conditions, if any, (b)	
MARGIN RI UNFADING Physicians:	giving rise to the above cause DUE TO	
MARGIN UNFAD Physicia	stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
WITE	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No
LY, imp	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office blog., etc., CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, office blog., etc., office blog., etc	(State)
WRITE PLAINLY, WITH ge is especially important.	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while iNJURY M. Work at work	
P]	22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection	Inquiry4, and
ITE	find that death resulted from: Natural causes Accident , Suicide , Homicide , Undete	DATE SIGNED
WR We j	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	7/28/55
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or CREMATORY)	county) (State)
A15A - 5 - PLEASE	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   22 FUNERAL DIRECTOR	ADDRESS
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BUREAU V. R!

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BECEINED

#### MARYLAND STATE DEPARTMENT OF HEALTH

7247

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

eg. Dist. No 353

GERTIFICAT	E OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH- COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DEGEASED COUNTY	reester
CITY (If outside corporate limita, write RURAL and CITY (If outside corporate limita, write RURAL and CITY (In this /place)  TOWN  LENGTH OF STAY (In this /place)	CITY (If outside corporate limits, write RURAL and give TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	21
3. NAME OF DECEASED (First). (Middle) (Type or Priot) (Middle)	Murray   4. DATE (Mooth) OF DEATH July	(Day) (Year) 2-6 19-57
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) we fan	1 704. 31, 181/91 /6 yrs. 1	Days Hours Mio.
10a. USUAL OCCUPATION (Give kiod of work dooe during most of working life, even if retired) INDUSTRY	Worcester Co. Md.	COUNTRY?
13. FATHER'S NAME    Melleand Beauchoup  15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME Dettu Godfrey	ŧ
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknowo) (If year, give war or dates of service)	Total Stirlith Wils	newsty St.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) J J J J Levsin	retification e, arterioscherotie	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	and diamen	? about
Diseases or cooditions, if any, giving rise to the above cause statiog the underlying cause last	relies becomes at	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or coodition causing death.	the state of the s	of define the a state of the definition of the state of t
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21 ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1954, to July , 1955, that I last s	aw the deceased
alive on 1915, and that death occurred at SIGNATURE (Degree or title)	ADDRESS ADDRESS	ated above. DATE SIGNED
23. BURLAL, CREMATION ) DATE I NAME, OF, CEMETE!	RY OR CREMATORY LOCATION (Sity, town) or country	(State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	Clows Beshofevelle 24. FUNERAL DIRECTOR	ADDRESS
Mir 28-55 Mrs. Helda Bergey	Henry D. Walson, Jocomok	a Cety My

MARGIN RESERVED FOR BINDING

The correct age

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10L 29 1955

BECEINED

07948

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 353

1. PLACE OF DEATH:  COUNTY (I) dustale corporate limits, write RURAL  LENGTH OF STAY TOWN OF The nearest towe towe towe towe to the start of the sta	MINDICAL BARNILL	TER S CER	IIIICAIL	OF DEATH	L No.
CITY (If outside corporate limits write RURAL OR and the composite limits write RURAL and give nearyst town) OR ADDERS And Give nearyst town) Or COUNTY (If the control of the composite limits write RURAL and give nearyst town) Or COUNTY (If the control of the cont	I. PLACE OF DEATH:		2. USUAL RESIDENCE	HOME) OF DECEASED:	
OR and Five nearest towns of the place of TOWN OF STREET TOWN OF S	_ COUNTY (w) of c ester	MARYLAND	STATE NEW 4	Prstofinty CAD	MAU
INSTITUTION OR STREET ADDRESS  3. NAME OF DECASED:  (Type or Frint)  ADDRESS  5. SEX:  6. COLOR OR  7. SINGILE. MARKHED.  (Specify) M. DATE OF BIRTH:  (Specify) M. DATE OF CEMETERY OR CREMATORY ADDRESS OF COMPITION COUNTS DATE  (Specify) M. DATE OF CREMATORY ADDRESS OF CREMATORY ADDR	OR and give nearest town	fin Ibis place)	OR O	a 10. tr.	1 11 3
DECASED:   Color or Print)	INSTITUTION OR	yor chestor St		( Alux C	
RACE:   Specify   Months   Days   Hours   Min.	DECEASED:	12-	4	OF	
work done during most of work life, Chindship: Country: 10. COUNTRY: 11. Protection of the redired; 10. Country: 12. Country: 13. FATHER'S NAME:  15. FATHER'S NAME:  16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: 15. 73.7 attention of the service of the serv	RACE: WIDON (Specify	WED DIVORCED, 1)ec	5 1888	66 yrs. Months	Days Hours   Min.
15. WAS/DECCASED BYOR IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: 5737 and the case (Yes, no, of unk.) (Lifes, give war or dates of NONE 18. MEDICAL CERTIFICATION 18. MEDIC	work done during most of work life,	INDUSTRY:	Ridley 1	Jar Q Pal	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:    Immediate cause	/ / · · ·	ers	14. MOTHER'S MAIDEN	1 - 1 0	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)  DUE TO  Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY   OF CONTRIBUTING   21b. PLACE (Home, farm, factory, CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED OF STORY   M. D. ASSISTANT MEDICAL EXAMINER   DATE SIGNED SIGNATURE  22. I hereby certify that I took charge of the remains described above, held an Autopsy  , Inspection   Inquiry  , and find that death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined cause   SIGNATURE  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State)  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR    ADDRESS	(Les, no, or una.) (Lines, give war or dates of	4.3	17. INFORMANT & ADDR	/ //	37 after any auf
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)  DUE TO  Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY   OF CONTRIBUTING   21b. PLACE (Home, farm, factory, CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED OF STORY   M. D. ASSISTANT MEDICAL EXAMINER   DATE SIGNED SIGNATURE  22. I hereby certify that I took charge of the remains described above, held an Autopsy  , Inspection   Inquiry  , and find that death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined cause   SIGNATURE  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State)  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR    ADDRESS		IS. MEDICA	L CERTIFICATION		11
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20. AUTOPSY? Yes \ No \ \  21a. EXTERNAL CAUSE WAS PRIMARY \ or CONTRIBUTING \ OF street, office bldg., etc., CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY  22. I hereby certify that I took charge of the remains described above, held an Autopsy \ Inspection \ Indicate \ Indit \ Indicate \ Indicate \ Indit \ Indicate \ Indicate \ Indicate	TO THE DEATH BUT NOT RELATED	TO THE			
PRIMARY Or CONTRIBUTING Def street, office bldg., etc., CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work Deputy Medical Examiner Depu				*	
OF INJURY  M. While at work   at work    22. I hereby certify that I took charge of the remains described above, held an Autopsy   , Inspection   , Inquiry   , and find that death resulted from: Natural causes   , Accident   , Suicide   , Homicide   , Undetermined cause   , SIGNATURE	PRIMARY Or CONTRIBUTING O	F street, office bldg., etc.,		(County)	(State)
find that death resulted from: Natural causes A, Accident D, Suicide H, Homicide D, Undetermined cause D.  SIGNATURE  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER LOCATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county)  REMOVAL (Specify):  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  ADDRESS  ACCIDENT D, Suicide D, Homicide D, Undetermined cause D.  CHIEF MEDICAL EXAMINER LOCATION (City, town or county)  (State)  ADDRESS	OF	While at Not while	21f. HOW DID INJUI	RY OCCUR?	
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SIGNATURE  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (Specify):  DATE REC'D BY LOCAL   RECISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS					
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR ADDRESS			CHIEF ME DEPUTY M	DICAL EXAMINER DICAL EXAMINER	DATE SIGNED
	REMOVAL (Specify): 7/15/5	NAME OF CEMETER	Y OR CREMATORY	OCATION (City, town or	county) (State)
		IGNATURE F Nanword	24. FUNERAL DIRECTO	A Omber	ADDRESS

MAKGIN KESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH age is especially important.

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DELATED

## CERTIFICATE OF DEATH

correct age FOR MEDICAL EXAMINERS The PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

COUNTY Dorcester MARYLAND	STATE Maryland County work	estra
CITY (If butside corporate limits, write RURAL and OR give nearest acwa)  TOWN  CITY (If butside corporate limits, write RURAL and OR (in this place)  TOWN  CITY (If butside corporate limits, write RURAL and OR (in this place)  TOWN  CITY (If butside corporate limits, write RURAL and OR (in this place)	OR TOWN A Chyvelle, Let.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	X
3. NAME OF DECEASED (First) (Middle)	(Last)   4. DATE (Month) (Day)  OF DEATH July 3.6	(Year) 19 🕰
6. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Level over	1 1005 1 70 yrs.	Iours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State of foreign country)  12. CITIZEN COUNTRY!	- · V
13. FATHER'S NAME  CINKNOWN	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVEN IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes. no, or unknown)   (If yes, give war or dates of service)   W.S. ARMED FORCES?	17. INFORMANT AND ADDRESS	ile 10,
18. MEDICAL CE		AL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		AND DEATH
Immediate cause (a) Cononary The	emposer acute, min	11.73
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  Stating the underlying cause last	see & Cenany Heart 4-	cak.
(c) atherosely	ere Bedraless	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	1	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY1
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.  PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	Buches RENE Manual.	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED work at work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said december of natural causes of accident , suicide , homicide , SIGNATURE (Degree or title)	ased died on the day stated above, and death in my opinion undetermined $\square$ .	evidence resulted
23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county)	(State)
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1955 Atlan Report Berger	Jenny J. Walson Rayonchi	ESS
		1

BUREAU K. E.

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DIAMEDIA

BUREAU V. E.

10 18 1955 JUL

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

of information carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07251 7237Items 2,7, Film Cl84 7-25-55 et CERTIFICATE OF DEATH Reg. Dist. No. 350

1. PLACE OF DEATH:	2. USUAL RESIDEN	NCE (HOME) OF DECEASED;
COUNTY WORCESTER MARYLAND	STATE Mary	land COUNTY Worcester
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside co	rporate limits, write RURAL and give nearest town)
42 TOWN Pocomoke 8 Months		onowe Stockton- Rural X
HOSPITAL OR	STREET	(If rural give location)
% STREET ADDRESS Belden Restorium	ADDRESS RANGE	Adh/ Addthwith
3. NAME OF (First) (Middle)	(Last)	A DATE (Mark)
DECEASED:		4. DATE (Month) (Day) (Year)
	OF BIRTH: 9.	DEATH: July 17 1955
Female White Specify: Widowed Novemb	per 18,1876	78 yrs. Hours Min.
IOA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (St	ate or foreign country): 12. CITIZEN OF WHAT
even if retiredHousewife	Maryland	COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAI	
William J. Hancock	Alice Bonne	eville
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT &	
(Yes, nonor unk.) (If Yes, give war or dates None	Lester N.	Lang, Pocomoke, Maryland
18. MEDICAL CERTIFICAT	NOI	INTERVAL BETWEEN
150 V	,	ONSET AND DEATH
107 IMMEDIATE CAUSE (A) Itemory	lage, lipper	RI.I messer memeter my
ANTECEDENT CAUSE (S)	10 0-0	0 1 6 1 0 1
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STATING UNDERLYING CAUSE LAST. DUE TO	20	
(C) Cardy	or Failure	grade 2 Leverel world
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	# 01	2 1 Part 1000 1 2 10 11
DISEASE OR CONDITION CAUSING DEATH.	ely Very	marked offing its many writes
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	Po th	lane anat 1 to. AUTOPSY?
1 per	received, 1-	YES NO P
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DII	
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	2   21F. HOW DID IN	JURY OCCUR?
OF INJURY While at work at work		
22. I hereby certify that I attended the deceased from the	a Jan 1050/ 17	And 1057 11 11 11 11 11
alive on 195, and that death occurred at		causes and on the date stated above,
GIGNATURE (	MODRESS	lo hel DATE SIGNED 55
	I.D. COCOM	LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial July 20,1955 Goodwil		htary Pocomoke, Md.
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIF	
Viel. 10 1455 (Inni (o- While	Henry H. Wa	ateon Pocomoka Manuland

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BUREAU V. E.

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7990

	CERTIFI	CATE OF DEAT	H Reg. Dist. N	0.950
ully.	1. PLACE OF DEATH:	2. USUAL RESIDEN	CE (HOME) OF DECEASED:	
carefully legibly.	COUNTY Worcester MARYLAN	D STATE TURA	iniacounty acco	mas.
	CITY (If outside corporate limits, write RURAL LENGTH	OF STAY CITY(If outside con is place). OR	porate limits, write RURAL and	rive nearest tow
information clearly and	Town rome 75	South TOWN	rears V	a 83x-
rly	HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rural give location)	
nforma	STREET ADDRESS/05 Colorla Clive		(	1
of in	3. NAME OF (First) (Middle)	(Last)	4. DATE (Month) (Day)	(Year)
m of i	(Type or Print)  5. SEX:   6. COLOR OR   7. SING E, MARRIED,	8 DATE OF BIRTH: 19	DEATH: JULY	2/ 1953
ite	RACE: WIDOWED, DIVORCED. (Specify):	1000 251072	AGE last birthday IF UNDER 1 YEAR Months Days	Hours   Min
every auses	104. USUAL OCCUPATION (Give kind of 108. KIND OF BU	SINESS II. BIRTHPLACE (Sta	ate or foreign country);  12. CIT	TZEN OF WHA
NG every causes	work done during most of working life, even if return :	w 7) in a	inia 29	יפרים
VDIP pply the	13. FATHER'S NAME:	14. MOTHER'S MAIL	DEN NAME:	2,4
F-1 (r)	Oliver Taylor	mare	1 Cohesser	
R. Su write	15. WAR DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURIVES, no, or unk.) (If Yes, give war or dates	ITY NO. 17. INFORMANT &	DDRESS:	n
G INI ease	of service)	ce me ?	Velliano &	Ross
ED NG plea	18. MEDICAL CO	ERTIFICATION O	Pocomoke W	AL BETWEE
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FA	IMMEDIATE CAUSE  (A)  DUE TO	ecras permi	runny,	2 alry
RESE UNFA sicians	ANTECEDENT CAUSE (S)	tois a Conti	C 1- 1/2	11 - 4
	GIVING RISE TO THE ABOVE CAUSE  DUE TO	eque seceraly	Lewella Heist	7-2/
S	STATING UNDERLYING CAUSE LAST.	eras letes.	WC.	/
MAR AINLY, W important	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	· ·		
VLY port	DISEASE OR CONDITION CAUSING DEATH.			
AIP im	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF C	PERATION		O. AUTOPSY?
五点				ES NO
VRITE PI	21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street,	farm, factory. 21c. WHERE DID office bldg., etc. INJURY OCCUR?	(City or town) (County)	(State)
RIT	(IF EITHER, NDTIFY MEDICAL EXAMINER)   21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY C		URY OCCUR?	
> ×		while work		
part .	22. I hereby certify that I attended the deceased from	n De 19 55 to 11	2/, 19 5, That I last say	w the decease
PE 0	alive on 1/7/, 1955 and that death occ	1000 45	causes and on the date stat	
TYPE	SIGNATURE . OF MORE	ADDRESS	DATE S	
SE TY correct	23. BURIAL, CREMATION   DATE THEREOF   NAME OF	u, m. D. 1680	moss ley.	11.5.3/
A	23. BURIAL, CREMATION, DATE THEREOF NAME CREMOVAL (SPECIFY)	OF CEMETERY OF CRESATORY	LOCATION (City, town, or cour	
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 24. FONERAL DIR	ECTOR UCCO	DDRESS
100	OFGISEDAD - 1 - //	1-1/		1 4

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BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18() Reg. Dist. No. 351 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY WORCESTER COUNTY VV UR MARYLAND CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY (in this place) and given nearest town) OR OR TOWN TOWN BNY ARIX STREET (If rural give location) HOSPITAL OR INSTITUTION OR **ADDRESS** STREET ADDRESS (Middle) (First) (Last) 3. NAME OF DATE (Month) (Day) (Year) OF DECEASED OXUNSEND (Type or Print) DEATH: -6. COLOR OR 17. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER YEAR WIDOWED, DIVORCED. Hours (Specify) DOW OA USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY? 13. FATHER'S NAME: MOTHER'S MAIDEN NAME TON 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service .... W 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 20. AUTOPSY 21A. ACCIDENT WAS UNDERLYING [] 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED While Not while 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) OF TNJURY at work at work WML 1952 to July 23, 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from . 1955 and that death occurred at 5.7 M. from the causes and on the date stated above. SIGNATUR DATE SIGNED 23. BURIAL, CREMATIC CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL ADDRESS



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Supply every item of information carefully. The correct write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING UNFADING INK. age is especially important. Physicians: please PLEASE WRITE PLAINLY, WITH

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I. PLACE OF	DEATH:				2. USUAL R	RESIDEN	CE (HOME)	OF DECEAS	ED:		
COUNTY	Worce	eter	MARY	LAND	STATE	Man	vland		COUNTY	Worce	ster
CITY (If of OR and TOWN	outside corporate lir give nearest town)	nits, write	RURAL LENGTH			f outside		nits, write RUI			M. N. N. M.
HOSPITAL INSTITUTI STREET A	OR ION OR	home	10	JI B.	STREET ADDRESS			If rural give lo	cation)	1	
3. NAME OF	(First)	поше	(Middle)	1	Last)		4. DATE	(Month)	(Day)	(Year)	
(Type or Pr			(Maddac)		ynes		OF DEATH:	7 -		- 19 5	100
5. SEX:	S. COLOR OR RACE:	WIDO	WED, DIVORCED,	8. DATE OF				yrs. IF UNI		Hours	Min.
work done	CCUPATIONGive during most of worl tired): Laborer	kind of	10b. KIND OF BU INDUSTRY: Farming		II. BIRTHP	PLACE (		reign country):	12. CIT	IZEN OF UNTRY?	WILAT
I3. FATHER'S	NAME:	inkn own		1	4. MOTHER'S				1	COA	
Yes, no, or unk	SED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURIT		NFORMANT		ESS:			*14.12	
_/No	service) No		None			a Mitc	chell, I	West Ocea	an Cit	y, Md	•
Antecede Diseases of giving rise	te cause  ent causes (s) or conditions, if an e to the above cau e underlying cause i	se The	то /	uwo	WA				2	day	7.5
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Conditions related to t	GNIFICANT COND. contributing to the the disease or condit	death but ion causing	death.	o sele	otic	eV	) wr	19 Kere	hol	20. AUT	ODGV 9
	0		R FINDINGS OF OI							Yes 🗆	No I
SUICIDE SUICIDE HOMICIDE		OF	CE (Home, farm, fa office bldg., etc.		(CITY OF	R TOWN)		(COUNTY)	(STA	(TE)	
TIME (Mon OF INJURY	th) (Day) (Year)	(Hour)	While at Not Work At	ED While Work	HOW DID I	INJURY	OCCUR?				
22. I hereby	certify that I at	-11	that death occur	1 21	1953., to			and on the			
23. BURIAL, REMOVAL	CREMATION, DA	1		F CEMETERY		TORY		ON (City, town			itate)
DATE REC	D BY LOCAL RE		SSIGNATURE		Mary a			324 E.C	- 0	ADDRESS	3
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